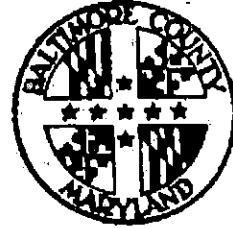


USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 11 day of October, 2012, that Kerubo Happiness Kinard located at 4227 Brookside Oaks Rd. should be and the
(Individual or business name)
(Street address)

same is hereby granted permission to operate a: Assisted Living Facility 1

90001
Permit (or Receipt) Number

Carl J. Jahn
Director, Permits, Approvals and Inspections

Planner's Initials G.H.

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

4227 Brookside Oaks Rd

TO: Director, Office of Planning & Community Conservation
Attention: ALF REVIEWER
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

ALF Address Dwings Mills MD 21111

Permit No. (if required) B _____

9/28/12

RECEIVED

SEP 13 2012

FROM: Timothy M. Kotroco
Department of Permits & Development Management
M.S. 1105

OFFICE OF PLANNING

RE: Assisted Living Facility I or II

This office is requesting recommendations and comments from the Office of Planning and Community Conservation prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

KERUBO HAPPINESS KINARO 4227 Brookside Oaks Rd 410 660 5117
Print Name of Applicant Address Telephone Number

4227 Brookside Oaks Rd 2nd 4 10238
Lot Address Election District Councilmanic District Square Feet of Lot

Lot Location: NE S W corner of Brookside Oaks Rd feet from NE S W corner of _____
(street) (street)

Land Owner: KERUBO HAPPINESS KINARO Tax Account Number 2408010244

Address: 4227 Brookside Oaks Road Telephone Number 410 660 5117
Dwings Mills MD 21111

CHECKLIST OF MATERIALS: (to be submitted by applicant for required compatibility and/or appearance review by the Office of Planning and Community Conservation)

TO BE FILLED IN BY ZONING REVIEW, DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT ONLY

	PROVIDED?		Accepted for filing by Date: <u>9/28/12</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (if available)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Site Plan: Property (3 copies); including lot size and square feet of buildings, parking and open space - 10% lot area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Statement of Compliance with Checklist Note 5.A	<input type="checkbox"/>	<input type="checkbox"/>	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Photographs (please label all photos clearly) Adjoining Buildings; the Proposed Building, and Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Current Zoning Classification: <u>DR 3.5</u>			

Gary Hucik

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY

RECOMMENDATIONS / COMMENTS:

Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

see attached

Signed by: 9/28/12 [Signature]
For the Director, Office of Planning and Community Conservation

Date: 9/28/12

BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

TO: Jennifer German
Development Review Section
Office of Planning

DATE: September 27, 2012

FROM: Donnell Zeigler
Community Planning,
Office of Planning

SUBJECT: Assisted Living
4227 Brookside Oak Road

The Department of Planning has reviewed the above referenced project and offers the following comments:

The Department of Planning does not oppose this request for a 4 bed assisted living request at this dwelling. The property has a driveway and garage that can park four vehicles in addition to two on-street parking spaces. This proposed four bed facility should not have any impact on the neighborhood.

Donnell Zeigler

AFK/LL:DZ

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

4227 Brookside Oaks Rd

TO: Director, Office of Planning & Community Conservation
Attention: ALF REVIEWER
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

ALF Address Wings Mills MD 21117
Permit No. (if required) B _____

FROM: Timothy M. Kotroco
Department of Permits & Development Management
M.S. 1105

RE: Assisted Living Facility I or II

This office is requesting recommendations and comments from the Office of Planning and Community Conservation prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

KERUBO HAPPINESS KINARO 4106605117
Print Name of Applicant Address Telephone Number

Lot Address 4227 Brookside Oaks Rd Election District 2nd Councilmanic District 4 Square Feet of Lot 10238

Lot Location: NE S W side corner of Brookside Oaks Rd feet from N E S W corner of _____
(street) (street)

Land Owner: KERUBO HAPPINESS KINARO Tax Account Number 2400010244

Address: 4227 Brookside Oaks Road Telephone Number 410 660 5117
Wings Mills MD 21117

CHECKLIST OF MATERIALS- (to be submitted by applicant for required *compatibility* and/or *appearance* review by the Office of Planning and Community Conservation)

TO BE FILLED IN BY ZONING REVIEW, DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filing by <u>GJK</u> Date: <u>9/12/17</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (if available)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space -- 10% lot area Statement of Compliance with Checklist Note 5.A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Photographs (please label all photos clearly) Adjoining Buildings; the Proposed Building, and Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Current Zoning Classification: <u>DR 3.5</u>			

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
for the Director, Office of Planning and Community Conservation

Date: _____

BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET AND FINANCE
MISCELLANEOUS CASH RECEIPT

No. 90001

Date 9/12/12

PAID RECEIPT
 BUSINESS DEPARTMENT
 9/13/2012
 RECEIVED FROM
 ELECTRIC SERVICE
 NO. 000000
 BALTIMORE COUNTY, MARYLAND

Fund	Dept	Unit	Sub Unit	Rev Source/Obj	Sub Rev/Obj	Dept Obj	BS Acct	Amount
001	800	0000		6150				60.00

Total: 60.00

Rec From: Kerubo Happiness Kiraro

For: AF LI

DISTRIBUTION
 WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOMER GOLD - ACCOUNTING
 PLEASE PRESS HARD!!!!

**CASHIER'S
 VALIDATION**

BROOKSIDE OAKS

ZONING USE PERMIT

PLAN FOR ASSISTED LIVING FACILITY # 1

Purpose: 4 Beds

4227 BROOKSIDE OAKS ROAD

BALTIMORE COUNTY MD 21117

2ND ELECTION DISTRICT

Tax # 24 00010244

OWNER: KERUBO HAPPINESS KINARD

4227 Brookside Oaks Rd TEL: 410 660 5117

LOT SIZE: 10328 SQ. FT.

ZONE DR 3.5

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED

EXISTING FLOOR AREAS SQ. FT.

1ST FLOOR = 1845 SQ. FT.

2ND FLOOR = 1845 SQ. FT.

TOTAL: 3690 SQ. FT.

BASEMENT FOR STORAGE AND MECHANICAL EQUIPMENT = 1750 SQ. FT.

EXISTING GARAGE = 498 SQ. FT.

OPEN SPACE: .10 X LOT AREA (10328 SQ. FT.) = 1032 SQ. FT.

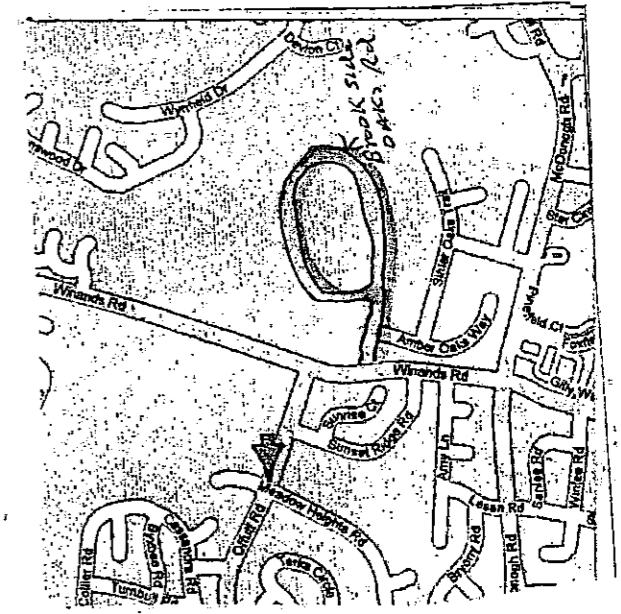
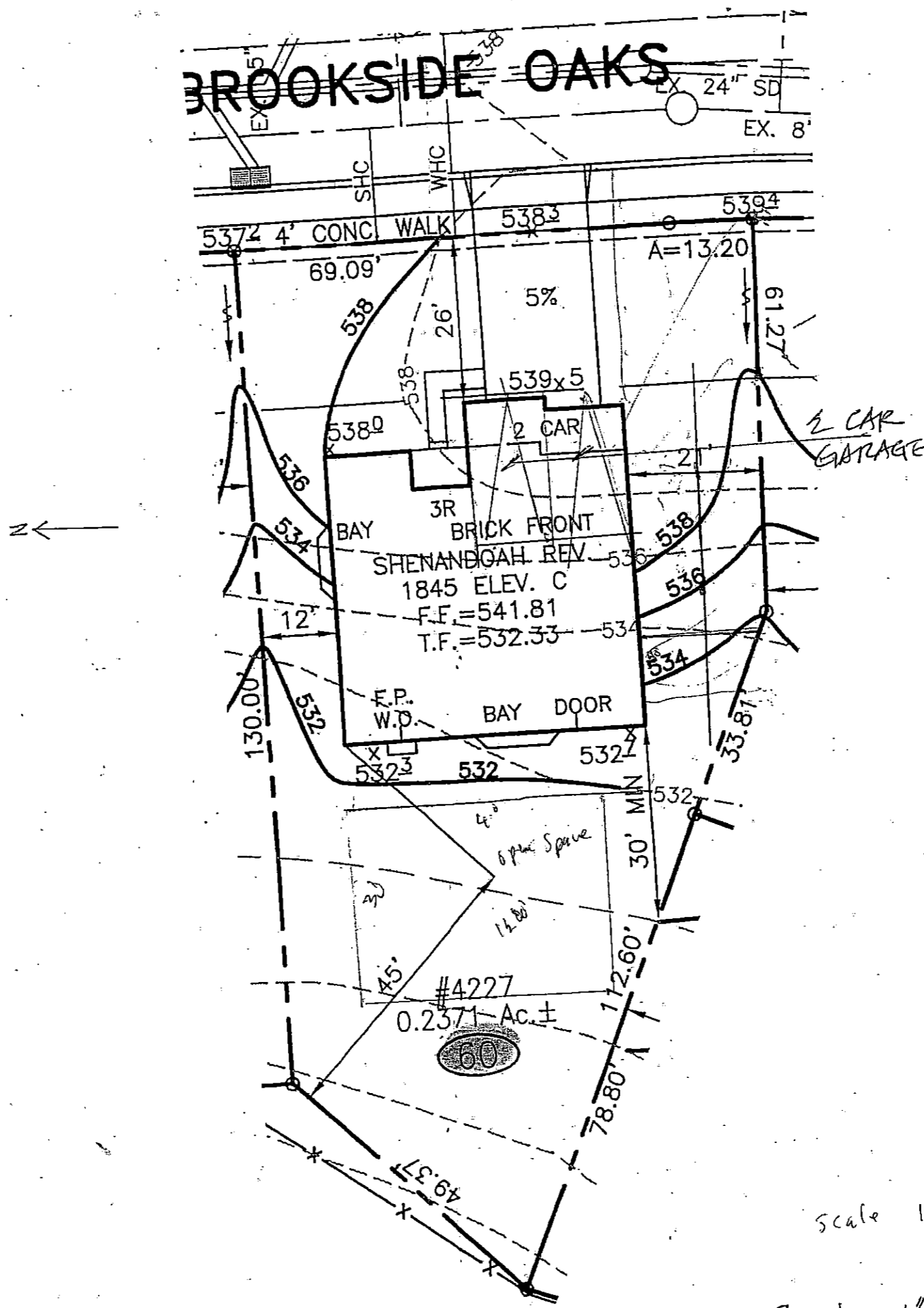
THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. THE BUILDING HAS NOT BEEN CONSTRUCTED IN THE PAST FIVE (5) YEARS. NO RECONSTRUCTION, RELOCATION (EXTERIOR) CHANGES OR ADDITIONS (OF 25% OR MORE BASED ON THE GROUND FLOOR AREA AS OF FIVE (5) YEARS BEFORE THE DATE OF THIS APPLICATION) TO THE EXTERIOR OF THE BUILDING HAVE OCCURRED. NO ADDITIONS ARE PROPOSED TO EXCEED THESE LIMITS FOR FIVE (5) YEARS FROM THE DATE OF THIS APPLICATION.

SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R.

THE UNDERSIGNED OWNER IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

SIGNATURE _____ DATE _____

PRINTED NAME _____



Vicinity Map

Scale 1" = 20'

Scale - 1" = 20'

